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**PATENT
DON01 P-889**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner : Lun Yi Lao
Applicants : Chad D. Quist, Francis O'Brien and Niall R. Lynam
Serial No. : 09/817,874
Filed : March 26, 2001
Entitled : INTERACTIVE AUTOMOTIVE REARVISION SYSTEM
Group : 2673

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Via Facsimile: 571-273-8300

Dear Sir or Madam:

RESPONSE

In response to the Final Office Action mailed August 10, 2006, Applicants wish to amend their application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 13 of this paper.

Remarks begin on page 25 of this paper.

Via Facsimile No. (571) 273-8300

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Dear Sir:

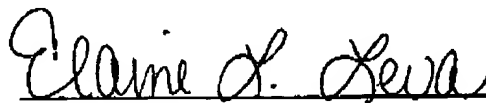
CERTIFICATE OF FACSIMILE TRANSMISSION

I certify that the following papers are being facsimile transmitted to the Patent
and Trademark Office on the date shown below:

1. Claims as Amended Transmittal Sheet (1 page, in duplicate)
2. Response (27 pages)

YOU SHOULD RECEIVE A TOTAL OF 30 PAGES

Dated: October 9, 2006.



Elaine L. Leva
Van Dyke, Gardner, Linn & Burkhart, LLP
P.O. Box 888695
Grand Rapids, MI 49588-8695
(616) 975-5500

TAF/ell

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 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir or Madam:

Transmitted herewith is an amendment in the above identified application.
 The fee has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Percent Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	* 46	Minus	** 85	= 0	x \$25	\$.00	x \$50	\$.00
Independent Claims	* 3	Minus	*** 3	= 0	x \$100	\$.00	x \$200	\$.00
First Presentation of Multiple Dependent Claims					\$180	\$.00	x \$360	\$.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$.00		\$.00

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

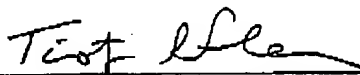
The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

1. ☐ Small entity status of this application has been established.
2. ☒ No additional Fee is required.
3. ☐ A check in the amount of \$_____ is attached.
4. ☒ Please charge any additional fees or credit overpayment to Deposit Account No. 22-0190.
A duplicate copy of this sheet is attached.

VAN DYKE, GARDNER, LINN & BURKHART, LLP

Date: October 9, 2006

By



Timothy A. Flory, Registration No. 42 540
 2851 Charlevoix Drive, S.E.
 P.O. Box 888695
 Grand Rapids, Michigan 49588-8695

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